ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) Page 15 AUGUST 1991 OMB NO.: 0938-State: West Virginia Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) States using SSI criteria with agreements under 42 CFR 435.230 / / 10. sections 1616 and 1634 of the Act. The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--Based on need and paid in cash on a regular a. basis. Equal to the difference between the b. individual's countable income and the income standard used to determine eligibility for the supplement. Available to all individuals in the State. Paid to one or more of the classifications d. of individuals listed below, who would be eligible for SSI except for the level of their income.

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All aged individuals.

All blind individuals.

All disabled individuals.

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(1)

(2)

(3)

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	State: _	Wes	t Virgin	ia CMB NO 0936
Agency*	Citation(s)			Groups Covered
			nal Grou	ps Other Than the Medically Needy
			_ (4)	Aged individuals in domiciliary facilities or other group living
42 CI	FR 435.230		_ (5)	arrangements as defined under SSI. Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			_ (6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			_ (7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		_	_ (8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			_ (9)	Individuals in additional classifications approved by the Secretary as follows:

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	State: _		West Virginia		OMB NO.:	0938-		
Agency*	Citation(s)		Grou	ıps Covere	d			
		В.	Optional Groups Other (Continued)	Than the	Medicall	y Needy		
			The supplement varies subdivisions according	in incom	e standard -of-living	d by political differences.		
			Yes.					
			No.					
			The standards for opt payments are listed i $2.6-A$.	ional Sta n Supplem	te supplem ent 6 of <u>P</u>	mentary ATTACHMENT		
	,							

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	State: _		West V	/irginia		OMB NO.: 0938- -	
Agency*	Citation(s)			G	roups Covere	d	
		В.	Optiona (Contin		ther Than th	e Medically Needy	
435.1 1902(a)(10)		<u>wi</u>	ction 1902 thout agre the Act.	(f) States a ements under	nd SSI criteria States section 1616 or 1634	
(A)(ii)(XI) of the Act			a op th	State supp tional Sta	ler∋ntary pa te supplemen he following	individuals who receive yment under an approved tary payment program conditions. The	
			a.	Based on a	need and paid	d in cash on a regular	
			b.	individua.	l's countable used to deter	ce between the income income income and the income rmine eligibility for	
			c.			viduals in each ailable on a Statewide	
			d.		ne or more o duals listed	f the classifications below:	
				(1) All	aged indivi	duals.	
				(2) All	blind indiv	iduals.	

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(3) All disabled individuals.

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	State:	West Virginia		OMB NO.: 0938-
Agency*	Citation(s)		Groups C	overed
	В.	Optional (an the Medically Needy
		(4	facilities	iduals in domiciliary or other group living ts as defined under SSI.
		(5	facilities	viduals in domiciliary or other group living as defined under SSI.
		(6	facilities	ndividuals in domiciliary or other group living
		(7) Individuals administer	es as defined under SSI. receiving federally ed optional State supplement the conditions specified in 230.
		(8	administere	s receiving a State ed optional State supplement the conditions specified in 230.

(9)

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Individuals in additional classifications approved by the Secretary as follows:

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Agency*	Citation(s)			Groups Covered	i
		В.	(Continued) The supplem political s cost-of-liv Yes No The standar	ent varies in ubdivisions acing difference ds for optiona e listed in Su	1 State supplementary
TN No. Supersedes	4-15 Appro	oval	Date JUN 30	1 995 1 Eff	ective Date

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State: ____ West Virginia

Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.231 $\frac{\overline{X}}{\overline{X}}$ 12. Individuals who are in institutions for at least 30 consecutive days and who are 1902(a)(10) eligible under a special income level. (A)(ii)(V)of the Act Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A. The State covers all individuals as described above. $/\overline{X/}$ The State covers only the following group or groups of individuals: 1902(a)(10)(A) Aged Χ.... Blind (ii) and 1905(a) <u>x</u> Disabled of the Act -X-- Individuals under the age of--___ 21 ___ 20 ____ 19 18 Caretaker relatives Pregnant women

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Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act

 \sqrt{X}

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(3)(3)(B) of the Act.

<u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act <u>/x /</u>

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to <a href="ATTACHMENT 2.6-A:

- Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

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Agency* (Citation(s)	Grou	ps Covered
(10)(A) (ii)(I) and 190		(Continued) 15. The following indimandatory categoris that does not exceed (established at an of the Federal povential of the same size. Children who are be	

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	State:	West Virginia	OMB NO.: 0938-
Agency*	Citation(s)	Grou	ps Covered
1902(a (ii)(X and 19 (1) an of the	1) <u>/</u> / (1) (m) (d) (3)	(Continued) 16. Individuals— a. Who are 65 years are disabled, as section 1614(a)(Both aged and di under this eligi b. Whose income doe (established at the Federal incomplement 1 to of the same size c. Whose resources amount allowed under restrictive	isabled individuals are covered bility group. es not exceed the income level an amount up to 100 percent of ome poverty level) specified in ATTACHMENT 2.6-A for a family e; and do not exceed the maximum ander SSI; under the State's e financial criteria; or under leally needy program as

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